

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90064 039 \*\*\*150.00

**DOCUMENT # K11067**  
 1. Entity Name  
**VOLUME REDUCTION SYSTEMS, INC.**

Principal Place of Business      Mailing Address  
 18151 NE 31 COURT      6550 N. FEDERAL HIGHWAY  
 PENTHOUSE 117      SUITE 340  
 N. MIAMI BEACH FL 33160      FORT LAUDERDALE FL 33308-1400  
 US

00047062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3520 OAKS WAY # 909**      **3520 OAKS WAY # 909**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**POMPLANO BCH FL**      **POMPLANO BCH FL**  
 Zip      Country      Zip      Country  
**33069**      **BROWARD**      **33069**      **BROWARD**

4. FEI Number      Applied For  
**65-0027871**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**FRIEDMAN, BENJAMIN**  
**6550 N. FEDERAL HWY**  
**SUITE 340**  
**FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3520 OAKS WAY # 909**  
 City      State      Zip Code  
**POMPLANO BCH**      **FL**      **33069**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE: *Benjamin Friedman*      DATE: **3/16/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FRIEDMAN, BENJAMIN</b> <b>18151 NE 31ST CT, PH 117</b> <b>N. MIAMI BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>FRIEDMAN, BENJAMIN</b> <b>18151 N.E. 31 CT. PH 117</b> <b>N. MIAMI BCH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3520 OAKS WAY # 909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POMPLANO BCH FL</b> <b>33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3520 OAKS WAY # 909</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>POMPLANO BCH FL</b> <b>33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Benjamin Friedman*      DATE: **3/16/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR20014 (1/99)